

TEFRA/KATIE BECKETT MEDICAL NECESSITY/LEVEL OF CARE STATEMENT INSTRUCTIONS FOR COMPLETION

This document provides detailed instructions for completion of the TEFRA/Katie Beckett Medical Necessity/Level of Care Statement

Member (Applicant) Information

1. Enter the Member's Name, DOB and SS#

Diagnosis

1. Enter the Member's primary, secondary, and any third diagnoses relevant to the member's condition

Level of Care

1. Enter a check in the correct box for the recommended level of care.

Medical History

1. Provide narrative of member's medical history or attach documents i.e., hospital discharge summary, etc.

Current Needs

1. Check member's current needs and provide description of skilled nursing needs.

Therapy

1. Include frequency per week of therapies and attach current notes.

Hospitalizations

1. Attach most recent hospital discharge summary and document date, reason and duration.

School

1. Enter a check for member's appropriate school attendance and IFSP or IEP plan.

Signature

1. The primary care physician or physician of record must sign and date.
2. The caregiver (parent or guardian) must sign and date. Foster Care members must have the signature of the DFCS representative.